



RCE 11650
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Patent
Attorney's Docket No. 003300-634

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TECH CENTER 1600/2900

NOV 05 2002

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In re Patent Application of) **BOX: RCE**
Timo LAAKSO *et al.*)
Application No.: 09/529,442) Group Art Unit: 1616
Filed: April 13, 2000) Examiner: R. DeWitty
For: ENCAPSULATION METHOD) Confirmation No.: 7079

AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 (2814) ☐ \$110.00 (1814) to cover the requisite Government fee are also enclosed.
- ☒ Also enclosed is Attachment to Amendment and Reply
- ☐ Small entity status is hereby claimed.
- ☒ **Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$370.00 (2801) ☒ \$740.00 (1801) fee due under 37 C.F.R. § 1.17(e).**
- ☐ Applicant(s) previously submitted __, on __, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- ☒ No additional claim fee is required.
- ☐ An additional claim fee is required, and is calculated as shown below:

10/31/2002 SDENB001 00000015 09529442

(10/02)

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740.00 OP

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	45	MINUS 45 =	0	× \$18.00 (1202) =	0.00
Independent Claims	2	MINUS 3 =	0	× \$84.00 (1201) =	0.00
If Amendment adds multiple dependent claims, add \$280.00 (1203)					
Total Amendment Fee					0.00
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					0.00

☐ A claim fee in the amount of \$_____ is enclosed.

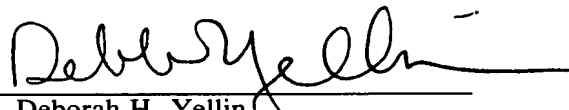
☐ Charge \$_____ to Deposit Account No. 02-4800.

☒ A Request for Continued Examination fee in the amount of \$740.00 is enclosed.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

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Date: October 30, 2002